

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

APR 11 1995

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: NC Army National Guard

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 4105 Reedy Creek RoadCounty: WakeCity: Raleigh State: NC Zip Code: 27607-6410Tele. No. (Area Code): 919/664-6392Facility Name or Company Lexington ArmoryFacility ID # (if available) 0-033968Street Address or State Road: 201 W. Ninth StreetCounty: Davidson City: Lexington Zip Code: 27293Tele. No. (Area Code): 704/246-2798

III. CONTACT PERSON

Name: Todd Preddy Job Title: Environmental Projects Coordinator Telephone Number: (919) 664-6392

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Mid-Atlantic, P.A.Address: 2737 Bethlehem Road, Raleigh State: NC Zip Code: 27629Contact: Randy Pulley Phone: 919/250-9918

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>001</u>	<u>6000</u>	<u>Heating Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Todd Preddy Environmental Projects Coordinator

*Scheduled Removal Date: _____

Signature: Todd PreddyDate Submitted: April 6, 1995

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.